

## AUTHORITY TO FILE AND/OR SETTLE CLAIM

**Purpose: This form is used to document the fact that the officer or agent signing the Standard Form 95 and/or settlement agreement is authorized to act on behalf of the company filing the claim.**

**DATE:** \_\_\_\_\_

**1. The undersigned is** \_\_\_\_\_  
(position or title of authorizing official)

**of** \_\_\_\_\_  
(name and address of company who has filed a claim and whom the undersigned represents)

**and in such capacity I have access to the books and records of** \_\_\_\_\_  
(company who has filed the claim).

**2.** \_\_\_\_\_, \_\_\_\_\_,  
(name of agent) (position or title of agent)

**of the** \_\_\_\_\_ **has the power and authority**  
(name of company who has filed the claim)

**to file, adjust and settle claims for and on behalf of** \_\_\_\_\_,  
(name of company filing a claim)

**as its' duly authorized agent.**

\_\_\_\_\_  
(signature of authorizing official)

\*

**\*This form must be signed by someone other than the person signing the Standard Form 95 (Claim for Damage, Injury or Death).**

**Please call Sharon K. Charleston, Office of the Staff Judge Advocate, 9475 Kershaw Road, Fort Jackson, SC 29207, (803) 751-5356, sharon.charleston@us.army.mil if you have questions about completing this form.**